

110TH CONGRESS
1ST SESSION

H. R. 3173

To amend the Public Health Service Act to establish demonstration programs on regionalized systems for emergency care, to support emergency medicine research, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2007

Mr. WAXMAN introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish demonstration programs on regionalized systems for emergency care, to support emergency medicine research, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Emergency
5 Medical Care and Response Act of 2007”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Emergency medical services play a critically
2 important role in health care, public health, and
3 public safety by frequently providing immediate
4 lifesustaining care and making decisions with limited
5 time and information.

6 (2) Between 1993 and 2003, the population of
7 the United States grew by 12 percent and hospital
8 admissions increased by 13 percent, yet emergency
9 department visits rose by more than 25 percent dur-
10 ing this same period of time, from 90,300,000 visits
11 in 1993 to 113,900,000 visits in 2003.

12 (3) The demand for emergency care in the
13 United States continues to grow at a rapid pace.

14 (4) In 2003, hospital emergency departments
15 received nearly 114,000,000 visits, which is more
16 than 1 visit for every 3 people in the United States;
17 however, between 1993 and 2003, the number of
18 emergency departments declined by 425.

19 (5) Many emergency medical services are highly
20 fragmented, overburdened, poorly equipped, and in-
21 sufficiently prepared for day-to-day operations and
22 response to major disasters.

23 (6) There are more than 6,000 Public Safety
24 Answering Points that receive 9–1–1 calls.

1 (7) These Public Safety Answering Points are
2 often operated by police departments, fire depart-
3 ments, city or county governments, or other local en-
4 tities, which makes attempts to coordinate efforts
5 between locations very difficult.

6 (8) Regionalized, accountable systems of emer-
7 gency care show substantial promise in improving
8 the day-to-day system-wide coordination essential to
9 ensure that Public Safety Answering Points, emer-
10 gency medical services organizations, public safety
11 agencies, public health agencies, medical facilities,
12 and others coordinate their activities to ensure that
13 patients receive the appropriate care at the scene,
14 are transported to the most appropriate facility in
15 the shortest time, and receive excellent care at the
16 destination medical facility.

17 (9) Regionalized, accountable systems of emer-
18 gency care also show promise in management of the
19 special problems of disaster preparation and re-
20 sponse, including management of patient surge,
21 tracking of patients, and coordination and allocation
22 of medical resources.

23 (10) While there are potentially substantial ben-
24 efits to be derived from regionalized, accountable
25 emergency care systems, little is known about the

1 most effective and efficient methods of regional
2 emergency care system development.

3 (b) PURPOSES.—The purposes of this Act are to de-
4 sign, implement, and evaluate regionalized, comprehen-
5 sive, and accountable systems of emergency care that—

6 (1) support and improve the day-to-day oper-
7 ations and coordination of a regional emergency
8 medical care system;

9 (2) increase disaster preparedness and medical
10 surge capacity;

11 (3) include different models of regionalized
12 emergency care systems, including models for urban
13 and rural communities;

14 (4) can be implemented by private or public en-
15 tities; and

16 (5) meet quality and accountability standards
17 for the operation of emergency care systems and the
18 impact of such systems on patient outcomes.

19 **SEC. 3. DESIGN AND IMPLEMENTATION OF REGIONALIZED**
20 **SYSTEMS FOR EMERGENCY CARE.**

21 Part B of title III of the Public Health Service Act
22 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
23 tion 314 the following:

1 **“SEC. 315. REGIONALIZED COMMUNICATION SYSTEMS FOR**
2 **EMERGENCY CARE RESPONSE.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Assistant Secretary for Preparedness and Response,
5 shall award not fewer than 4 multiyear contracts or com-
6 petitive grants to eligible entities to support demonstration
7 programs that design, implement, and evaluate innovative
8 models of regionalized, comprehensive, and accountable
9 emergency care systems.

10 “(b) ELIGIBLE ENTITY; REGION.—

11 “(1) ELIGIBLE ENTITY.—In this section, the
12 term ‘eligible entity’ means a State or a partnership
13 of 1 or more States and 1 or more local govern-
14 ments.

15 “(2) REGION.—In this section, the term ‘re-
16 gion’ means an area within a State, an area that lies
17 within multiple States, or a similar area (such as a
18 multicounty area), as determined by the Secretary.

19 “(c) DEMONSTRATION PROGRAM.—The Secretary
20 shall award a contract or grant under subsection (a) to
21 an eligible entity that proposes a demonstration program
22 to design, implement, and evaluate an emergency medical
23 system that—

24 “(1) coordinates with public safety services,
25 public health services, emergency medical services,
26 medical facilities, and other entities within a region;

1 “(2) coordinates an approach to emergency
2 medical system access throughout the region, includ-
3 ing 9–1–1 Public Safety Answering Points and
4 emergency medical dispatch;

5 “(3) includes a mechanism, such as a regional
6 medical direction or transport communications sys-
7 tem, that operates throughout the region to ensure
8 that the correct patient is taken to the medically ap-
9 propriate facility (whether an initial facility or a
10 higher-level facility) in a timely fashion;

11 “(4) allows for the tracking of prehospital and
12 hospital resources, including inpatient bed capacity,
13 emergency department capacity, on-call specialist
14 coverage, ambulance diversion status, and the co-
15 ordination of such tracking with regional commu-
16 nications and hospital destination decisions; and

17 “(5) includes a consistent region-wide
18 prehospital, hospital, and interfacility data manage-
19 ment system that—

20 “(A) complies with the National EMS In-
21 formation System, the National Trauma Data
22 Bank, and others;

23 “(B) reports data to appropriate Federal
24 and State databanks and registries; and

1 “(C) contains information sufficient to
2 evaluate key elements of prehospital care, hos-
3 pital destination decisions, including initial hos-
4 pital and interfacility decisions, and relevant
5 outcomes of hospital care.

6 “(d) APPLICATION.—

7 “(1) IN GENERAL.—An eligible entity that
8 seeks a contract or grant described in subsection (a)
9 shall submit to the Secretary an application at such
10 time and in such manner as the Secretary may re-
11 quire.

12 “(2) APPLICATION INFORMATION.—Each appli-
13 cation shall include—

14 “(A) an assurance from the eligible entity
15 that the proposed system—

16 “(i) has been coordinated with the ap-
17 plicable State Office of Emergency Medical
18 Services (or equivalent State office);

19 “(ii) is compatible with the applicable
20 State emergency medical services system;

21 “(iii) includes consistent indirect and
22 direct medical oversight of prehospital,
23 hospital, and interfacility transport
24 throughout the region;

1 “(iv) coordinates prehospital treat-
2 ment and triage, hospital destination, and
3 interfacility transport throughout the re-
4 gion;

5 “(v) includes a categorization or des-
6 ignation system for special medical facili-
7 ties throughout the region that is—

8 “(I) consistent with State laws
9 and regulations; and

10 “(II) integrated with the proto-
11 cols for transport and destination
12 throughout the region; and

13 “(vi) includes a regional medical di-
14 rection system, a patient tracking system,
15 and a resource allocation system that—

16 “(I) support day-to-day emer-
17 gency care system operation;

18 “(II) can manage surge capacity
19 during a major event or disaster; and

20 “(III) are integrated with other
21 components of the national and State
22 emergency preparedness system;

23 “(B) an agreement to make available non-
24 Federal contributions in accordance with sub-
25 section (f); and

1 “(C) such other information as the Sec-
2 retary may require.

3 “(e) MATCHING FUNDS.—

4 “(1) IN GENERAL.—With respect to the costs of
5 the activities to be carried out each year with a con-
6 tract or grant under subsection (a), a condition for
7 the receipt of the contract or grant is that the eligi-
8 ble entity involved agrees to make available (directly
9 or through donations from public or private entities)
10 non-Federal contributions toward such costs in an
11 amount that is not less than 25 percent of such
12 costs.

13 “(2) DETERMINATION OF AMOUNT CONTRIB-
14 UTED.—Non-Federal contributions required in para-
15 graph (1) may be in cash or in kind, fairly evalu-
16 ated, including plant, equipment, or services.
17 Amounts provided by the Federal Government, or
18 services assisted or subsidized to any significant ex-
19 tent by the Federal Government, may not be in-
20 cluded in determining the amount of such non-Fed-
21 eral contributions.

22 “(f) PRIORITY.—The Secretary shall give priority for
23 the award of the contracts or grants described subsection
24 (a) to any eligible entity that serves a medically under-
25 served population (as defined in section 330(b)(3)).

1 “(g) REPORT.—Not later than 90 days after the com-
2 pletion of a demonstration program under subsection (a),
3 the recipient of such contract or grant described in such
4 subsection shall submit to the Secretary a report con-
5 taining the results of an evaluation of the program, includ-
6 ing an identification of—

7 “(1) the impact of the regional, accountable
8 emergency care system on patient outcomes for var-
9 ious critical care categories, such as trauma, stroke,
10 cardiac emergencies, and pediatric emergencies;

11 “(2) the system characteristics that contribute
12 to the effectiveness and efficiency of the program (or
13 lack thereof);

14 “(3) methods of assuring the long-term finan-
15 cial sustainability of the emergency care system;

16 “(4) the State and local legislation necessary to
17 implement and to maintain the system; and

18 “(5) the barriers to developing regionalized, ac-
19 countable emergency care systems, as well as the
20 methods to overcome such barriers.

21 “(h) EVALUATION.—The Secretary, acting through
22 the Assistant Secretary for Preparedness and Response,
23 shall enter into a contract with an academic institution
24 or other entity to conduct an independent evaluation of

1 the demonstration programs funded under subsection (a),
2 including an evaluation of—

3 “(1) the performance of the eligible entities re-
4 ceiving the funds; and

5 “(2) the impact of the demonstration programs.

6 “(i) DISSEMINATION OF FINDINGS.—The Secretary
7 shall, as appropriate, disseminate to the public and to the
8 appropriate Committees of the Congress, the information
9 contained in a report made under subsection (h).

10 “(j) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—There are authorized to be
12 appropriated to carry out this section \$12,000,000
13 for each of fiscal years 2008 through 2013.

14 “(2) RESERVATION.—Of the amount appro-
15 priated to carry out this section for a fiscal year, the
16 Secretary shall reserve 3 percent of such amount to
17 carry out subsection (i) (relating to an independent
18 evaluation).”.

19 **SEC. 4. SUPPORT FOR EMERGENCY MEDICINE RESEARCH.**

20 Part H of title IV of the Public Health Service Act
21 (42 U.S.C. 289 et seq.) is amended by inserting after the
22 section 498C the following:

1 **“SEC. 498D. SUPPORT FOR EMERGENCY MEDICINE RE-**
2 **SEARCH.**

3 “(a) **EMERGENCY MEDICAL RESEARCH.**—The Sec-
4 retary shall support Federal programs administered by the
5 National Institutes of Health, the Agency for Healthcare
6 Research and Quality, the Health Resources and Services
7 Administration, the Centers for Disease Control and Pre-
8 vention, and other agencies involved in improving the
9 emergency care system to expand and accelerate research
10 in emergency medical care systems and emergency medi-
11 cine, including—

12 “(1) the basic science of emergency medicine;

13 “(2) the model of service delivery and the com-
14 ponents of such models that contribute to enhanced
15 patient outcomes;

16 “(3) the translation of basic scientific research
17 into improved practice; and

18 “(4) the development of timely and efficient de-
19 livery of health services.

20 “(b) **IMPACT RESEARCH.**—The Secretary shall sup-
21 port research to determine the estimated economic impact
22 of, and savings that result from, the implementation of
23 coordinated emergency care systems.

24 “(c) **AUTHORIZATION OF APPROPRIATIONS.**—There
25 are authorized to be appropriated to carry out this section

- 1 such sums as may be necessary for each of fiscal years
- 2 2008 through 2013.”.

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